

Mon/Wed Sessions Learn to Swim Activity Registration



Guardian Last Name	Guardian First Name								
Address		City		Zip					
()	()	()		()					
Home Phone	Cell Phone	Work Phone Emergency Phone							
Visa MC	Email:								
Cash Check	Check #:	Received by:							
Participant Information									
Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE				
		/ /	M/F						
		/ /	M/F						
		/ /	M/F						
		/ /	M/F						
Participant Release Total Fees:									
myself (my child) as a result	the parent), do hereby release the City of the participation of myself (my child) of Delta, its officers, agents, or employed	in the City of Delta Recrea	tion Program. Fu	urther, the applicant agrees	s to save and hold				

Monday & Wednesday Afternoons Registration Dates: March 1-April 6

 Description	Dates	Times	Days	Activity #	FEE
Parent Tot	April 11-April 28	6:00-6:30pm	MW	99-A1	\$30.00
Level 1	Aprill 11-April 28	6:00-6:30pm	MW	99-A2	\$30.00
Level 2	April 11-April 28	6:40-7:10pm	MW	99-A3	\$30.00
Level 3	Aprill 11-April 28	6:40-7:10pm	MW	99-A4	\$30.00



Signature



Date